

GENERAL ASSEMBLY OF NORTH CAROLINA
SESSION 2013

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HOUSE BILL 459*

Short Title: Chronic Care Coordination Act. (Public)

Sponsors: Representatives Dollar, Murry, Hollo, and Lambeth (Primary Sponsors).

For a complete list of Sponsors, refer to the North Carolina General Assembly Web Site.

Referred to: Health and Human Services, if favorable, Appropriations.

April 1, 2013

1 A BILL TO BE ENTITLED
2 AN ACT TO REQUIRE THE DEPARTMENT OF HEALTH AND HUMAN SERVICES TO
3 COORDINATE CHRONIC DISEASE CARE.

4 Whereas, chronic disease is recognized as the leading cause of disability and death
5 in the United States, and accounts for 1,700,000 deaths or 70% of all deaths in the United
6 States each year; and

7 Whereas, chronic diseases such as heart disease, hypertension, stroke, cancer,
8 respiratory diseases, diabetes, and obesity are among the most prevalent, costly, and
9 preventable of all health problems in North Carolina; and

10 Whereas, implementing prevention programs around multiple chronic conditions
11 could help North Carolina reduce the overall financial burden of chronic illness within public
12 programs such as Medicaid and Health Choice for Children and within the State Employees
13 Health Insurance Plan; and

14 Whereas, the inefficient coordination of care for persons with chronic health
15 conditions has led not only to higher costs but to poorer health outcomes for the most
16 vulnerable populations within North Carolina; and

17 Whereas, preventing and treating chronic disease is an important public health
18 initiative that will improve the quality of life for North Carolinians affected by these conditions
19 and also reduce State costs for Medicaid, Health Choice, and the State Health Plan; Now,
20 therefore,

21 The General Assembly of North Carolina enacts:

22 **SECTION 1.** This act shall be known as The Chronic Care Coordination Act.

23 **SECTION 2.** Article 7 of Chapter 130A of the General Statutes is amended by
24 adding a new Part to read:

25 "Part 4A. Chronic Care Coordination.

26 **"§ 130A-222.5. Department to coordinate chronic care initiatives.**

27 The Department's Divisions of Public Health and Medical Assistance and the Division in
28 the Department of State Treasurer responsible for the State Health Plan for Teachers and State
29 Employees shall collaborate to reduce the incidence of chronic disease and improve chronic
30 care coordination within the State by doing all of the following:

31 (1) Identifying goals and benchmarks for the reduction of chronic disease.

32 (2) Developing wellness and prevention plans specifically tailored to each of the
33 Divisions.

34 (3) Submitting an annual report on or before January 1 of each odd-numbered
35 year to the Senate Appropriations Committee on Health and Human



1 Services, the House Appropriations Subcommittee on Health and Human
2 Services, the Joint Legislative Oversight Committee on Health and Human
3 Services, and the Fiscal Research Division that includes at least all of the
4 following:

5 a. The financial impact and magnitude of the chronic health conditions
6 in this State that are most likely to cause death and disability,
7 including, but not limited to, chronic cardiovascular disease,
8 oncology, stroke, chronic lung disease, and chronic metabolic
9 disease. As used in this subdivision, the term "chronic cardiovascular
10 disease" includes heart disease and hypertension; the term "chronic
11 metabolic disease" includes diabetes and obesity; and the term
12 "chronic lung disease" means asthma and chronic obstructive
13 pulmonary disease.

14 b. An assessment of the benefits derived from wellness and prevention
15 programs and activities implemented within the State with the goal of
16 coordinating chronic care. This assessment shall include a
17 breakdown of the amount of all State, federal, and other funds
18 appropriated to the Department for wellness and prevention programs
19 and activities for the detection, prevention, and treatment of persons
20 with multiple chronic health conditions, at least one of which is a
21 condition identified in sub-subdivision a. of this subdivision.

22 c. A description of the level of coordination among the Divisions of
23 Public Health and Medical Assistance and the Division in the
24 Department of State Treasurer responsible for the State Health Plan
25 for Teachers and State Employees with respect to activities,
26 programs, and public education on the prevention, treatment, and
27 management of the chronic health conditions identified in
28 sub-subdivision a. of this subdivision.

29 d. Detailed action plans for care coordination of multiple chronic health
30 conditions in the same patient, including a range of recommended
31 legislative actions. The action plans shall identify proposed action
32 steps to reduce the financial impact of the chronic health conditions
33 identified in sub-subdivision a. of this subdivision, including (i)
34 adjustment of hospital readmission rates, (ii) development of
35 transitional care plans, (iii) implementation of comprehensive
36 medication management, as described by the Patient-Centered
37 Primary Care Collaborative, to help patients achieve improved
38 clinical and therapeutic outcomes, and (iv) adoption of standards
39 related to quality that are publicly reported evidence-based measures
40 endorsed through a multistakeholder process such as the National
41 Quality Forum. The action plans shall also identify expected
42 outcomes of these proposed action steps during the succeeding fiscal
43 biennium and establish benchmarks for coordinating care and
44 reducing the incidence of multiple chronic health conditions.

45 e. A detailed budget identifying all costs associated with implementing
46 the action plans identified in sub-subdivision d. of this subdivision."

47 **SECTION 3.** This act is effective when it becomes law.